

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ME SAY	12	10/12-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	VO	705	10/22
RESPONSE FORMALITY REVIEW			11/13/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	1	1	10/17/01
2	1	1	10/17/01
3	1	1	10/17/01
4	1	1	10/17/01
5	1	1	10/17/01
6	1	1	10/17/01
7	✓	✓	10/17/01
8	✓	✓	10/17/01
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If more than 150 claims or 10 actions  
staple additional sheet here